

**JUDICIAL CONFERENCE OF INDIANA
INCIDENT REPORT FACT SHEET**

INCIDENT # _____ **DATE OF REPORT** _____

DATE OF INCIDENT _____ **TIME OF INCIDENT** _____

OFFICER/EMPLOYEE _____ **COUNTY** _____

TYPE OF INCIDENT: (check only one box and circle appropriate letter)

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Alarm
A-Duress
B-Duress (False)
C-Phone
D-Other _____ | <input type="checkbox"/> Disturbance
A-Disorderly Conduct
B-Request for an officer
C-Unknown Trouble
D-Other _____ | <input type="checkbox"/> Threat
A-Physical
B-Verbal
C-Perceived
D-Suicide
E-Other _____ | <input type="checkbox"/> Violent Crime <input type="checkbox"/> Weapon
A-Aggravated Assault A-Firearm
B-Simple Assault B-Edge Weapon
C-Attempted Assault C-Impact Weapon
D-Other _____ D-Chemical Agent
E-Other _____ | <input type="checkbox"/> Emergency
A-Fire
B-Fire (False)
C-Medical
D-Bomb
E-Other _____ |
| <input type="checkbox"/> Drugs or Contraband
A-Cocaine
B-Crack
C-Marijuana
D-Other _____ | <input type="checkbox"/> Other
A-Complaint
B-Investigation
C-Report
D-Theft (Personal) | E-Theft (county)
F-Criminal Damaging
G-Criminal Mischief
H-Other _____ | I-Lost Article | |

LOCATION CODE: (check any box that apply)

Facility: _____

Floor: _____

Area: ☐ **Main Entrance** ☐ **Public Area** ☐ **Courtroom** ☐ **Court Office** ☐ **Outside Ct. Facility** ☐ **Other** _____

Room: _____

PERSONNEL INVOLVED IN INCIDENT AND NUMBER OF PERSONNEL: (check any boxes that apply & fill-in number of personnel)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Judge/Magistrate | <input type="checkbox"/> Court Officer | <input type="checkbox"/> Court Staff | <input type="checkbox"/> Prosecutor |
| <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Plaintiff Counsel |
| <input type="checkbox"/> Defendant Counsel | <input type="checkbox"/> Witness/Spectator | <input type="checkbox"/> Other _____ | |

SYNOPSIS OF FACTS: *(use back if needed)*

SIGNATURE OF OFFICER/EMPLOYEE

DATE

Please send or fax:

**Indiana Judicial Center, 115 West Washington Street, Suite 1075
Indianapolis, IN 46204-3424 Fax: (317) 233-3367**